

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO 891806978	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	4					
TOTAL DEP.	4	↓	↓	↓	↓	
TOTAL CLAIMS	5	↓	↓	↓	↓	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		↓	↓	↓	↓	
TOTAL CLAIMS		↓	↓	↓	↓	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS